

**VOUCHER FOR PAYMENT
UNDER FEDERAL TORT CLAIMS ACT**

Voucher No. _____

Schedule No. _____

Claim No. _____

U.S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

The United States, Dr.,

To _____
(Payee(s))

Address _____

PAID BY

Amount claimed, \$ _____ Date claim accrued _____, 19 _____

Amount of award, compromise, or settlement - \$ _____

BRIEF DESCRIPTION OF CLAIM (See attachments for further explanation in detail.)

ACCEPTANCE BY CLAIMANT(S)

I, (We), the claimant(s) and beneficiaries, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me (us), on my (our) heirs, executors, administrators or assigns, and agree that said acceptance constitutes a complete release by me (us), on my (our) heirs, executors, administrators or assigns of any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen and bodily and personal injuries, damage to property and the consequences thereof, resulting, and to result, from the same subject matter that gave rise to the claim for which I (we) or my (our) heirs, executors, administrators, or assigns, and each of them, now have or may hereafter acquire against the United States and against the employee(s) of the Government whose act or omission gave rise to the claim by reason of the same subject matter, including any future claim for the wrongful death of me (us). I (We) further agree to reimburse, indemnify, and hold harmless the United States, its agents, servants and employees from any and all claims or causes of action, including wrongful deaths, that arise or may arise from the acts or omissions that gave rise to the claim by reason of the same subject matter.

Date _____, 19 _____

**SIGN
ORIGINAL
ONLY**

(Claimant)

(Claimant)

This claim has been fully examined in accordance with the provisions of the Federal Tort Claims Act (28 U.S.C. 2672), and is approved in the

amount of \$ _____

(Head of Federal agency, or authorized designee)

Date _____, 19 _____

SIGN ORIGINAL ONLY

Title _____

Pursuant to the authority vested in me, I certify that this voucher is correct and proper for payment in the

amount of \$ _____

(Authorized certifying officer)

Date _____, 19 _____

SIGN ORIGINAL ONLY

Title _____

ACCOUNTING CLASSIFICATION

Paid by Check No. _____